



**ATTORNEY DOCKET NO. 16200.0006U4
EXPRESS MAIL LABEL NO.: EV 915 325 776 US
PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Andrew B. Arata) Art Unit: 1616
Application No. 10/600,006) Examiner: Pak, John D.
Filing Date: June 19, 2003) Confirmation No. 6057
For: DISINFECTANT AND METHOD OF)
MAKING)

TRANSMITTAL LETTER

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

March 27, 2007

Sir:

Transmittal herewith is/are the following in the above-identified application:

- Request for Continued Examination (RCE)
 Response Accompanying A Request for Continued Examination
 Fee as calculated below Request for Extension of Time
 Corrected Drawings Other Return Postcard

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
Total Claims	11	20	0	X \$50.00	\$0.00	
Independent Claims	3	6	0	X \$200.00	\$0.00	
<input checked="" type="checkbox"/> Request for Continued Examination (RCE)				+ \$790.00	\$790.00	
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00	\$0.00	
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$1020.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -					- \$0.00	
TOTAL FEE DUE						\$1810.00

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APPLICATION NO. 10/600,006**

Payment:

- A check in the amount of \$ _____ is enclosed.
- Payment by credit card in the amount of \$1,810.00 for the fees designated above. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

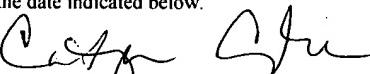
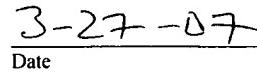


Cathryn Campbell
Registration No. 31,815

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.


Cathryn Campbell
Date